



ASC Utilization Report  
State Form 49933 (R3/6-05)  
Indiana State Department of Health  
Acute Care

Status: Finalized

I. Center Identification

Organization Name: NORTH MERIDIAN SURGERY CENTER

Street Address: 13225 N. MERIDIAN ST.

City: CARMEL

County: HAMILTON

Administrator Name: RYAN BEAVERSON

Administrator Email: RBEAVERSON@NMSURGERYCENTER.COM

ASC Web Address: WWW.NMSURGERYCENTER.COM

Fiscal Year: 2019

Accredited:  Yes  No

Name of Accrediting Body: AAAHC

Deemed Status:  Yes  No

Corporate Tax Status:  For Profit  Non Profit

II. Identification of Surgical Resources

Number of operating rooms	3
Number of procedure rooms	2

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	3752	11856
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
64483	944	
62323	663	
22845	317	
22551	299	
62321	265	
63047	230	
63030	187	

64490	173
64635	166
64493	154

#### IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	3
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